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Complete and mail this form, together with applicable fee(s), to:

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7590

04/04/2002

William W. Habelt
Carrier Corporation
P.O. Box 4800
Syracuse, NY 13221

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Certificate of Mailing

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Colleen Kuklinski	(Depositor's name)
Colleen Kuklinski	(Signature)
June 25, 2002	(Date)

09 895 684

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/895,684	07/02/2001	William H. Rousseau	9846	6891

TITLE OF INVENTION: VARIABLE SPEED DRIVE CHILLER SYSTEM

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
17	nonprovisional	NO	\$1280	\$300	\$1580	07/05/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
DOERRLER, WILLIAM CHARLES	3744	062-228100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Carrier Corporation

Syracuse, New York

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-0835 (enclose an extra copy of this form).

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(Authorized Signature) _____ (Date)

William W. Habelt

June 25, 2002

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07/05/2002 CCH/ML 00000125 030835 09895684

01 FT:142	1280.00 CH
02 FT:561	30.00 CH
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